

INSTRUCTIONS AND INFORMATION FOR PROSPECTIVE GUARDIANS

1. Please fill this form out completely. If a question does not apply to you, please write "not applicable". If the answer is "none" please write "none".
2. All adults living in your home, including yourself, must complete their own Consent Form located at the end of this document. Please make as many copies of the Consent Form as necessary.
3. If you do not know the address of one of the parents, you must fill out Section C of this form completely to let us know every effort you have made to try and locate them.
4. A petition to be appointed the temporary guardian of a minor *may only be filed by an individual who has physical custody of the minor* or is otherwise legally qualified to file, with proper citation. O.C.G.A § 29-2-5.
5. The Petition for Temporary Guardianship *must* be filed in the probate court of the County of domicile of the Petitioner. If the Petitioner is not a domiciliary of the State of Georgia, the Petition may be filed in the Probate Court of the Georgia county where the minor is found. O.C.G.A. §29-2-5.
6. Petitioners should be aware that the Cobb County Board of Education may decide to contest any petition for guardianship.

SUPPLEMENTAL GUARDIANSHIP PETITION APPLICATION

The following information will be forwarded to the Cobb County Police Department for a routine investigation. Please fill out this form completely and note inapplicable sections with "N/A.". You will be contacted by a detective of the Crimes Against Children Unit of the Police Department if there are any questions or if officers need additional information. **You will need to sign the Consent Form found at the back of this application.** Please include a signed and notarized consent form for every adult (person 18 years or older) residing with the proposed guardian.

A. NATURAL PARENT INFORMATION

First Parent Full Name _____

Address _____ City _____

State _____ County _____ Zip _____
yes no

Birth Date _____

Place of Employment _____

Mobile Phone _____ Work Phone _____

Email Address _____

Names and ages of other children of parent one and with whom that child resides:

Second Parent Full Name _____

Address _____ City _____

State _____ County _____ Zip _____

U. S. Citizen _____ If no, what country _____
yes no

Birth Date _____

Place of Employment _____

Mobile Phone _____ Work Phone _____

Email Address _____

Names and ages of other children of parent one and with whom that child resides:

GUARDIAN INFORMATION

Guardian's Full Name _____

Address _____ City _____

State _____ County _____ Zip _____

U. S. Citizen _____ If no, what country _____
yes no

Birth Date _____ Race _____

Marital Status _____ Social Security # _____

Mobile Phone _____ Work Phone _____

Email Address _____

Place of Employment _____

Supervisor's Name _____

Spouse or Partner Full Name _____

Address _____ City _____

State _____ County _____ Zip _____

U. S. Citizen _____ If no, what country _____
yes no

Birth Date _____ Race _____

Marital Status _____ Social Security # _____

Mobile Phone _____ Work Phone _____

Email Address _____

Place of Employment _____

Supervisor's Name _____

Relationship (if any) to child _____

If not related, how do you know this child? _____

Name(s) and ages (include date of birth) of other children in your home at present

Please list the Name(s) and ages of other adults living in your home: _____

Has the guardian ever been arrested? If so, for what and where arrested?

If guardian has lived outside Cobb County during the last ten (10) years, list all prior addresses:

List three personal references not related to you. Please include their addresses, phone numbers and email addresses:

REASON FOR GUARDIANSHIP, EXPLAIN FULLY:

C. UNKNOWN WHEREABOUTS OF PARENT(S)

If you listed either parents' address as "unknown", you must have made an attempt to locate the address of this individual. Below, please specifically list each and every effort you have made to try to locate the parent, including, internet search, telephoning, emailing, contacting family or friends, contacting last known place of work, messaging and searching social media.

D. INFORMATION ON CHILD

Child's Name _____

Date of Birth _____ Sex _____ Race _____

U. S. Citizen yes no If no, what country _____

School last attended _____ Grade _____

Plans to attend _____

Is this a City or County School? _____
(state which)

Has the child ever been in foster home, removed from parental custody or been the subject of a DFACS investigation? If yes, please give details: _____

Has the child ever been arrested or charged with a delinquent act? If so, when, where, and for what offense?

E. SIGNATURE AND VERIFICATION

Signature of Proposed Guardian

Full Name (Print First, Middle, Maiden, Last)

Address

Telephone Number

Social Security Number

Sex Race

Date of Birth

Date

Sworn to and subscribed before me,
this _____ day of _____,
_____.

Notary Public or Clerk, Probate Court

IN THE PROBATE COURT OF COBB COUNTY

STATE OF GEORGIA

IN RE: _____)
_____)
_____)
MINOR(S) _____)

ESTATE NO. _____

CONSENT FORM

I hereby authorize the Probate Court of Cobb County to receive any criminal history record information related to me, which may be in the files of any state or local criminal justice agency in Georgia.

I understand that this information will be used by the court only in connection with the proceeding for which this consent is granted, that it will be kept confidential, but that it may be disclosed to the attorneys, Cobb County Department of Family and Children Services, and/or guardians ad litem appointed in connection with this matter.

Signature

Date

Full Name (Print First, Middle, Maiden, Last)

Sworn to and subscribed before me,
this _____ day of _____,
_____.

Address

Notary Public or Clerk, Probate Court

Telephone Number

Social Security Number

Sex Race

Date of Birth

IN THE PROBATE COURT OF COBB COUNTY

STATE OF GEORGIA

IN RE: _____)
_____)
_____)
MINOR(S) _____)

ESTATE NO. _____

CONSENT FORM

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Signature

Date

Full Name (Print First, Middle, Maiden, Last)

Sworn to and subscribed before me,
this _____ day of _____,
_____.

Address

Notary Public or Clerk, Probate Court

Telephone Number

Social Security Number

Sex Race

Date of Birth